15 JUN 1956



CIVIL AIR TRANSPORT

PERSONNEL DEPARTMENT

LEAVE REQUEST FORM

JUN - 7 A.M.

							Typed	Da	ate:	6 June :	1956
Name E. M. WAISH		<u></u>	Ref.No.	Super	visor	Depa	artment.	Pr	opeller	Shep_	•
Type of Leave Requested	From:	Day	Month	Year	To: Hour	Day	Month	Year	T Month	otal No. Day	of Hour
Annual	0730	1	July	1956	1700	14	July	1956		13	
Sick											
Home	0730	15	July	1956	1700	15	Oet.	1956		93	
Without Pay						•					
Travel Time	0730	16	Ant	1956	1760	22	Oct.	1054		7	
Approved by	A. GAR	ROLD	Ti	tle <u>Ch</u> i	lef, Sh	eps I	ept.	(di	te		
ORIGINA)			10.1						alsh.		
* *	AL SIGN	ĖD I			•	~		***************************************			4
Approved by ORIGIN	- WUES	TW -	Ti	tle DAN	1, AD			-	Date		92
Approved by			Ti	tle					ate		
									late		
)ate		No.
Approved by	requests Personne ns. r sick le e over tl	App excep 1 Div	Ti roved by t sick lision Re	Dir	ector or equests tative (L STGE Perso must Offices	onnel be in the than 24	e Perso ast one hours	onnel Div day pric	or to the	date the
Approved by Note: 1. All leave : one of the leave beging 2. Request for sick leave	requests Personne ns. r sick le e over tl	App excep 1 Div	Tiroved by t sick lision Rehould be (3) con	Directle value of the present	ector or equests tative (Ferson Free Person	onnel be in the s, at le than 24 ase have	ne Perso ast one hours	onnel Div day pric	or to the eturn to out and	date the
Note: 1. All leave one of the leave beging 2. Request for sick leave	requests Personne ns. r sick le e over tl	App excep 1 Div	Tiroved by t sick lision Rehould be (3) con	Directle value of the present	ector of equests tative (tted no ve days	L STGE A Person must Offices later , ple	onnel be in the than 24 ase have	ne Perso ast one hours e docto	onnel Div day prid after re or fill Date:	or to the eturn to out and	date the
Note: 1. All leave one of the leave beging 2. Request for sick leave	requests Personne ns. r sick le e over th e below.	App excep l Div: ave s	Ti roved by t sick lision Re hould be (3) con	Directle value of the present	ector of equests tative (tted no ve days	L STGE A Person must Offices later , ple	onnel be in the than 24 ase have	ne Perso ast one hours e docto	onnel Div day prid after re or fill Date:	or to the eturn to out and	date the
Approved by Note: 1. All leave : one of the leave begin 2. Request for sick leave certificat	requests Personne ns. r sick le e over th e below.	App excep l Div: ave s	Ti roved by t sick lision Re hould be (3) con	Directle value of the present	ector of equests tative (tted no ve days	f Person must offices later, ple	onnel be in the than 24 ase have	ne Personast one hours e docto	onnel Div day prid after re or fill Date:	or to the eturn to out and	date the
Approved by Note: 1. All leave one of the leave beging 2. Request for sick leave certificat	requests Personne ns. r sick le e over th e below.	App excep l Div: ave s	Ti roved by t sick lision Re hould be (3) con SICK Phys.)	Directle value of the present	ector of equests tative (tted no ve days	f Person must Offices later, ple	onnel be in the c, at le than 2d ase hav ICATE sician i	ne Personant one hours e docto n activ	onnel Div day prid after re or fill Date: e practi-	or to the eturn to out and	date the
Approved by Note: 1. All leave : one of the leave begin 2. Request for sick leave certificat	requests Personne ns. r sick le e over th e below.	App excep l Div: ave s aree	Ti roved by t sick lision Re hould be (3) con SICK Phys.)	Director of the secution of the subminus of the subminus of the secution of the security of th	ector of equests tative (tted no ve days	f Person must offices later, ple	onnel be in the s, at le than 24 ase have the sician in the city, do will be	he Personast one hours doctor heredy under	day pridater recording the day pridate: begin{aligned}	eturn to out and	date the
Approved by Note: 1. All leave : one of the leave begin 2. Request for sick leave certificat	requests Personne ns. r sick le e over the e below.	App excep l Div: ave s aree nding	Ti roved by t sick lision Re hould be (3) con SICK Phys.) Road_	Dir Dir leave r present e submi secuti	ector of equests tative (tted no ve days	f Person must offices later, ple	onnel be in the s, at le than 24 ase have the sician in the city, do will be	he Personast one hours doctor heredy under	day pridater recording the day pridate: begin{aligned}	ce locat	date the

4 July 1956 is company recognized holiday.

PERSONNEL DEPARTMENT

* \$1.50 - \$1.50 - \$2.	a 7 de v 200 ; ;	DATE :	**
TO : (Employee's Nam	(Via) :	(Department Hea	ad)
SUBJECT :	Leave		
	en egil en tikiri Berdi. Territoria		•
This is to inform you that you	· · ·		ىرىل _ە دادە
This is to inform you that you	ur request for	<u> 1995</u>	days
leav	ve from	to	
has been approved.		55 (14.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5)	Anson
For proper record keeping, it	is requested that yo	2 3 5 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 94 }
expiration of your leave, and	return this form to	the Personnel Depar	tment
<i>y.</i>	# **		
•	•	Director	of Personnel
**********	********	******	***
* *;	•	DATE :	
		•	
This is to inform you that I	have returned to work	as of	
· · · · · · · · · · · · · · · · · · ·			
Date			
	- 11-11-11-11-11-11-11-11-11-11-11-11-11		······································
		Name of Emplo	yee
	C		
	Certified by:	Department Head/Time	Keeper